## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 12, 2007 8:00 am **DOCUMENT # S51654** Secretary of State 1. Entity Name A TO Z ENTERPRISES, INC. 03-12-2007 90108 003 \*\*\*150.00 Mailing Address Principal Place of Business 6412 SOUTH HIGHWAY 301 6412 SOUTH HIGHWAY 301 RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 02042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3058657 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANVILLE, ROBERT W. DO NOT WRITE 6412 SOUTH HIGHWAY 301 RIVERVIEW, FL 33569 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 1. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GRANVILLE, ROBERT W. NAME 11825 STATE ROAD 39 S STREET ADDRESS CITY-ST-ZIP LITHIA, FL TIT1 F NAME BUSH, THOMAS P. 9505 RIVERCOVE DRIVE STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addiges, with all other like empowered.

SIGNATURE: KA

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

(813)677-1797

Daytime Phone #